

INSTRUCTIONS FOR COMPLETING THE JOB DESCRIPTION FORM

A Job Description form must be completed for each State Work Study position offered by a participating employer. The position must be approved by the student employment office at the college/university and the Higher Education Coordinating Board before the student begins employment. Subsequent modifications must be approved before any changes may be made. If you wish to hire students from more than one college/university, you will need to submit a Job Description form to each school. The completed form should be returned to the student employment office at the college or university the student attends.

- (1) **JOB TITLE** – You may select any job title you feel is appropriate. Choose a title that accurately describes the position. This same job title must be used on each time sheet for the student employed in this position.
- (2) **HOURLY PAY RATE** – All State Work Study positions must receive compensation equal to the entry level salary of comparable positions (RCW 28B.12.060). Indicate the minimum and maximum pay range expected to be paid for this position during the period of employment. Any adjustments to the hourly wage rate made during the employment period must fall within this broad pay range.
- (3) **EFFECTIVE DATES OF THE JOB DESCRIPTION**-Indicate the date the position is available (in most cases this will be July 1). The ending date for each position may not extend beyond June 30.
- (4) **JOB DESCRIPTION**-Give a brief, concise description of the position. You may also indicate the number of students you wish to hire in this position.
- (5) **EDUCATIONAL BENEFITS TO BE DERIVED BY STUDENTS IN THIS JOB**-State Work Study students must be placed, whenever possible, in employment related to their academic pursuits. How will this job enhance the student's education or relate to a future career track?
- (6) **MINIMUM QUALIFICATIONS**-Please be reminded that students use these forms to prescreen themselves. You must list all the minimum qualifications for this position and base your hiring decision on how closely the applicant meets these requirements.
- (7-8) **NAME OF EMPLOYING BUSINESS OR ORGANIZATION**-List the name of the employer and the employer's federal identification number.
- (9) **SIGNATURE OF EMPLOYER'S REPRESENTATIVE**-This should be the signature of the student's supervisor who is legally authorized by the employing organization to sign time sheets.
- (10) **COLLEGE/UNIVERSITY REPRESENTATIVE SIGNATURE**-After reviewing the Job Description form from the employer, the school will approve the position. Fill in the bottom portion and forward the form to the Board for approval. The job should not be posted until the Board's approval.
- (11-12) **NAME OF COLLEGE/UNIVERSITY AND SCHOOL CODE**-List the name of the school and the school code provided by the Board.
- (13) **PERCENTAGE REIMBURSEMENT**-List the percentage of employer reimbursement.
- (14) **JOB CLASSIFICATION CODE**-List the appropriate classification code from the list provided by the HECB identifying a broad range of jobs.
- (15) **POSITION NUMBER**-The position number may be any sequence established by the college/university to assign each job description a unique number.
- (16) **SPECIAL FUNDING SOURCE**-If a student employed under this job description will be paid from a special funding source such as CSP, indicate the name of the program.
- (17) **HECB APPROVAL**-After approving the Job Description form, the HECB will sign the form and return it to the college/university for position.

WASHINGTON STATE WORK STUDY PROGRAM JOB DESCRIPTION

A Job Description form must be completed for each State Work Study position offered by a participating employer. Instructions for completing the form may be found on the back of this page. **EMPLOYERS SHOULD TYPE THEIR RESPONSES AND RETURN FORM TO THE INSTITUTION.**

(1) _____ (2) \$ _____ to \$ _____
JOB TITLE Pay Range: Minimum and maximum pay range to be paid for this position.

(3) Effective Dates of this Job Description: _____/_____/_____ to _____/_____/_____

(4) **JOB DESCRIPTION:** (Be specific and provide detailed description of duties.)

(5) **EDUCATIONAL BENEFITS TO BE DERIVED BY STUDENTS IN THIS JOB:**

(6) **MINIMUM QUALIFICATIONS:** (What skills must a student possess prior to filling this job?)

(7) _____ (8) _____ - _____
Name of employing business or organization (No abbreviated Name) IRS Federal Employer Identification Number Suffix
(Job Description will not be approved if left blank)

Address (Include City, State, and Zip Code)

(9) BY: _____ (_____) _____
Signature of legally authorized representative signing time sheets Phone

Print Name of Legally Authorized Representative

For College/University and HECB Use Only:

(10) APPROVED: _____ (11) Name College/University _____ (12) Code _____
Signature

(13) Percentage Reimbursement: _____ % (14) Job Classification Code: _____

(15) Position Number: _____ (16) Special Funding Source: _____

(17) APPROVED: _____
For the HECB Date